

**FORM 10**  
**TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT**  
**STATE PROFILE FOR FY \_\_\_\_\_**  
*[Sec. 506(a)(1)]*

**STATE:** \_\_\_\_\_

1. State MCH Administration:

Block Grant Funds

- |  |                 |
|--|-----------------|
| 2. Federal Allocation (Line 1, Form 2)                     | \$ _____        |
| 3. Unobligated balance (Line 2, Form 2)                    | \$ _____        |
| 4. Total State Funds (Line 3, Form 2)                      | \$ _____        |
| 5. Local MCH Funds (Line 4, Form 2)                        | \$ _____        |
| 6. Other Funds (Line 5, Form 2)                            | \$ _____        |
| 7. Program Income (Line 6, Form 2)                         | \$ _____        |
| 8. <b>Total Federal-State Partnership (Line 7, Form 2)</b> | <b>\$ _____</b> |

9. Most significant providers receiving MCH funds:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

10. Individuals served by the Title V Program (Col. A, Form 7)

- |                               |       |
|-------------------------------|-------|
| a. Pregnant Women             | _____ |
| b. Infants < 1 year old       | _____ |
| c. Children 1 to 22 years old | _____ |
| d. CSHCN                      | _____ |
| e. Others                     | _____ |

**FORM 10 (Continued)**  
**TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT**  
**STATE PROFILE**

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:

b. Population-Based Services:

c. Infrastructure Building Services:

12. The primary Title V Program contact person:

13. The children with special health care  
needs (CSHCN) contact person:

**INSTRUCTIONS FOR THE COMPLETION OF FORM 10  
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT  
STATE PROFILE**

**Title V Citation:** Section 506(a)(1) states, in part, “Each State shall prepare and submit to the Secretary annual reports on its activities under this title. Each such report...shall be in such standardized form and contain such information...as the Secretary determines...”

(This summary information is extremely useful as a stand-alone document for those who don’t have the time or desire to read the entire Block Grant Application/Annual Report).

**Instructions:**

A glossary with definitions of terms used in this form is presented in Section 10.1 of this document.

(While this is a “reporting” form certain future year(s) data, as specified in the instructions, will be required for its completion)

Fill in the appropriate fiscal year in the title of the form. Enter the name of your State on the line indicated.

- Item 1. State which agency administers the Title V program and provide a brief summary of services included within Title V’s administrative control.
- Items 2-8. Complete the items for Block Grant Funds. These figures should correspond with figures that are shown on lines 1 through 7 on Form 2.
- Item 9. List a few of the most significant providers to the community and State receiving MCH funds for the provision of key MCH services.
- Item 10. (Items a through e) - Enter the figures for the populations served by the Title V program. These figures should be the same as shown in Column A of Form 7.
- Item 11. Complete 2 to 4 short (3 or 4 sentences) examples of statewide initiatives, public health activities, or community-based efforts for each level of the pyramid (6 to 12 examples total). These descriptions should include particularly successful programs or activities that were either provided directly, or coordinated by Title V. Begin each example with a brief title of the program activity followed by the description.
- Item 12. Enter the name of the primary Title V program contact. Include title, address, telephone number, FAX number, e-mail address, and Title V program Web site address, if available.
- Item 13. Enter the name of the primary CSHCN program contact. Include title, address, telephone number, FAX number, e-mail address, and CSHCN program Web site address, if available.